

January 26, 2024

## Prior Authorization Required List Changes Effective 3/1/2024

Dear provider,

Here are changes to the Health Plan of San Mateo's (HPSM's) prior authorization required list for March 1, 2024.

Find the current list here: <https://www.hpsm.org/provider/authorizations>

### 87 codes added requiring prior authorization:

CPT Code	Description
<b>17311</b>	Mohs micrographic technique
<b>78429</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
<b>78430</b>	Myocardial imaging, positron emission tomography (PET), perfusion study
<b>78431</b>	Myocardial imaging, positron emission tomography (PET), perfusion study
<b>78432</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study
<b>78433</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study
<b>78434</b>	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET)
<b>81457</b>	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability
<b>81458</b>	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability
<b>81459</b>	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements
<b>81462</b>	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements
<b>82166</b>	Anti-mullerian hormone (AMH)
<b>A6521</b>	Gradient compression garment, glove, padded, for nighttime use, custom, each
<b>A6523</b>	Gradient compression garment, arm, padded, for nighttime use, custom, each
<b>A6525</b>	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
<b>A6527</b>	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
<b>A6529</b>	Gradient compression garment, bra, for nighttime use, custom, each

<b>A6553</b>	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each
<b>A6555</b>	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each
<b>A6556</b>	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each
<b>A6557</b>	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each
<b>A6558</b>	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each
<b>A6559</b>	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each
<b>A6560</b>	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each
<b>A6561</b>	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each
<b>A6562</b>	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each
<b>A6563</b>	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each
<b>A6564</b>	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each
<b>A6565</b>	Gradient compression gauntlet, custom, each
<b>A6567</b>	Gradient compression garment, neck/head, custom, each
<b>A6569</b>	Gradient compression garment, torso/shoulder, custom, each
<b>A6571</b>	Gradient compression garment, genital region, custom, each
<b>A6573</b>	Gradient compression garment, toe caps, custom, each
<b>A6574</b>	Gradient compression arm sleeve and glove combination, custom, each`
<b>A6576</b>	Gradient compression arm sleeve, custom, medium weight, each
<b>A6577</b>	Gradient compression arm sleeve, custom, heavy weight, each
<b>A6579</b>	Gradient compression glove, custom, medium weight, each
<b>A6580</b>	Gradient compression glove, custom, heavy weight, each
<b>A6610</b>	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each
<b>C9152</b>	Aripiprazole (Abilify Asimtufii®)
<b>C9157</b>	Tofersen (QALSODY™)
<b>C9158</b>	Risperidone (UZEDY™)
<b>C9161</b>	Injection, aflibercept hd, 1 mg
<b>C9162</b>	Avacincaptad-pegol (IZERVAY)
<b>C9164</b>	Cantharidin (YCANTH)
<b>J0174</b>	Lecanemab-irmb (LEQEMBI®)
<b>J0217</b>	Velmanase alfa-tycy (LAMZEDE)
<b>J0349</b>	Rezafungin (REZZAYO)
<b>J0391</b>	Artesunate for injection
<b>J0402</b>	Aripiprazole (ABILIFY ASIMTUFII®)
<b>J0801</b>	Repository Corticotropin Injection (Acthar Gel)
<b>J0802</b>	Repository Corticotropin Injection (Purified Cortrophin Gel)
<b>J1105</b>	Dexmedetomidine, oral, 1 mcg
<b>J1304</b>	Tofersen (QALSODY)
<b>J1412</b>	Valoctocogene Roxaparvovec-rvox (ROCTAVIAN™)
<b>J1413</b>	Delandistrogene Moxeparvovec (ELEVIDYS™)
<b>J2508</b>	Pegunigalsidase alfa-iwxj (ELFABRIO)

<b>J2799</b>	Risperidone (UZEDY)
<b>J3401</b>	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml
<b>J9258</b>	Paclitaxel Protein-Bound Particles (Teva)
<b>J9324</b>	Pemetrexed (Pemrydi RTU)
<b>J9333</b>	Rozanolixizumab-noli Injection (RYSTIGGO®)
<b>J9334</b>	Efgartigimod alfa-fcab and hyaluronidase-qvfc (Vyvgart™)
<b>J9345</b>	Retifanlimab-dlwr (ZYNYZ™)
<b>L5926</b>	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
<b>Q0138</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)
<b>Q0139</b>	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
<b>Q4279</b>	Vendaje AC, per sq cm
<b>Q4287</b>	DermaBind DL, per sq cm
<b>Q4288</b>	DermaBind CH, per sq cm
<b>Q4289</b>	RevoShield+ Amniotic Barrier, per sq cm
<b>Q4290</b>	Membrane Wrap-Hydro TM, per sq cm
<b>Q4291</b>	Lamellas XT, per sq cm
<b>Q4292</b>	Lamellas, per sq cm
<b>Q4293</b>	Acesso DL, per sq cm
<b>Q4294</b>	Amnio Quad-Core, per sq cm
<b>Q4295</b>	Amnio Tri-Core Amniotic, per sq cm
<b>Q4296</b>	Rebound Matrix, per sq cm
<b>Q4297</b>	Emerge Matrix, per sq cm
<b>Q4298</b>	AmniCore Pro, per sq cm
<b>Q4299</b>	AmniCore Pro+, per sq cm
<b>Q4300</b>	Acesso TL, per sq cm
<b>Q4301</b>	Activate Matrix, per sq cm
<b>Q4302</b>	Complete ACA, per sq cm
<b>Q4303</b>	Complete AA, per sq cm
<b>Q4304</b>	GRAFIX PLUS, per sq cm
<b>Q5132</b>	Adalimumab-afzb (Abrilada™) and Adalimumab-aacf (Idacio®)

**14 codes removed from the list for no longer requiring prior authorization:**

<b>CPT Code</b>	<b>Description</b>
<b>11045</b>	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)
<b>62322</b>	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE Y

<b>77046</b>	MRI BREAST C- UNILATERAL Y
<b>77047</b>	MRI BREAST C- BILATE
<b>77048</b>	MRI BREAST C-+ W/CAD UN
<b>77049</b>	MRI BREAST C-+ W/CAD BI
<b>97597</b>	Debridement (eg, high pressure waterjet with/without suction, sharp selective Debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
<b>A4453</b>	Rectal catheter for use with the manual pump-operated enema system, replacement only
<b>A4459</b>	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type
<b>A4670</b>	Automatic blood pressure monitor
<b>J1750</b>	Injection, iron dextran, 50 mg
<b>K1031</b>	Nonpneumatic compression controller without calibrated gradient pressure
<b>K1032</b>	Nonpneumatic sequential compression garment, full leg
<b>K1033</b>	Nonpneumatic sequential compression garment, half leg

**1 conditional code updated to always require prior authorization:**

<b>CPT Code</b>	<b>Description</b>
<b>J1437</b>	Injection, ferric derisomaltose, 10 mg

For questions, contact the HPSM Provider Services department at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you for your continued commitment to our community,

The Health Plan of San Mateo